

**ROSTER OF PARTICIPANTS-*FOR TEST PROCTORING ONLY***  
**ADMINISTRATOR CERTIFICATION PROGRAM**

- Please ensure that each participant completes the required information below.
- Proctors please complete the bottom of the form with, name, telephone number and date.
- Keep a copy of this roster and each test for your files
- Mail this original roster with the tests attached within (2) days to the Administrator Certification Section, 744 "P" Street, M.S. 19-47, Sacramento, CA 95814

(1) Course Program Type (*Check one box*):
☐ **RCFE Initial 40-Hour Course**
☐ **ARF Initial 35-Hour Course**
☐ **GH Initial 40-Hour Course**

(2) Vendor Name

(3) Vendor #

(4) Date

|                          |                           |             |  |               |                                     |
|--------------------------|---------------------------|-------------|--|---------------|-------------------------------------|
| Last Name of Participant | First Name of Participant | Test Number | Social Security Number*<br>(VOLUNTARY FOR ID ONLY) | Date of Birth | Facility Name or Facility License # |
| Address                  |                           | City        | Zip Code   |               | Phone Number                        |

|                          |                           |             |  |               |                                     |
|--------------------------|---------------------------|-------------|--|---------------|-------------------------------------|
| Last Name of Participant | First Name of Participant | Test Number | Social Security Number*<br>(VOLUNTARY FOR ID ONLY) | Date of Birth | Facility Name or Facility License # |
| Address                  |                           | City        | Zip Code   |               | Phone Number                        |

|                          |                           |             |  |               |                                     |
|--------------------------|---------------------------|-------------|--|---------------|-------------------------------------|
| Last Name of Participant | First Name of Participant | Test Number | Social Security Number*<br>(VOLUNTARY FOR ID ONLY) | Date of Birth | Facility Name or Facility License # |
| Address                  |                           | City        | Zip Code   |               | Phone Number                        |

|                          |                           |             |  |               |                                     |
|--------------------------|---------------------------|-------------|--|---------------|-------------------------------------|
| Last Name of Participant | First Name of Participant | Test Number | Social Security Number*<br>(VOLUNTARY FOR ID ONLY) | Date of Birth | Facility Name or Facility License # |
| Address                  |                           | City        | Zip Code   |               | Phone Number                        |

|                          |                           |             |  |               |                                     |
|--------------------------|---------------------------|-------------|--|---------------|-------------------------------------|
| Last Name of Participant | First Name of Participant | Test Number | Social Security Number*<br>(VOLUNTARY FOR ID ONLY) | Date of Birth | Facility Name or Facility License # |
| Address                  |                           | City        | Zip Code   |               | Phone Number                        |

|                                    |                                 |                       |          |
|------------------------------------|---------------------------------|-----------------------|----------|
| (5) Name of Proctor (Please Print) | (6) Telephone Number<br>(     ) | (7) Regional Office # | (8) Date |
|------------------------------------|---------------------------------|-----------------------|----------|

\* Federal law (at Title 5 United States Code Section 552a Note) states that:

Any Federal, State, or local government agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it